

This form authorizes Merritt Academy to apply a non-prescription topical skin product to your child (such as Sunscreen, Diaper Ointment, Lotion, Oral Teething Medicine and Insect Repellant).

- The product must be in the original container and labeled with the child's name.
- Manufacturer's instructions for application must be followed unless authorized by child's physician.
- Aerosol cans are not permitted for sunscreen.

| Child's Name: |
|--------------------------------|
| Date of Birth: |
| Classroom: |
| Product Name: |
| Dosage and Times to be Given: |
| Any Adverse Reactions: |
| Special Instructions (if any): |

| Parent Authorization | | | |
|---|---|--|--|
| Merritt Academy has my permission to apply the product above. | | | |
| | | | |
| (Parent's Signature) | (Printed Name) | (Date) | |
| This medication is effective from: $\frac{1}{(\text{first data})}$ | and until ay administered) Authorization may no | or August 18, 2021 (last day of 2020-21Program) t exceed the last day of the 2020-21program. | |
| Physician Authorization (only if instructions differ from manufacturer) | | | |
| I certify that, in my opinion, it is medically necessary that the product and dosage described above be applied to the child listed above during the hours of operation at Merritt Academy. | | | |
| (Physician's Signature) | (Printed Name) | (Date) | |
| This medication is effective from: | (y administered) | or August 18, 2021 (last day of 2020-21 program) ay not exceed the last day of the 2020-21 program | |
| FOR MERRITT ACADEMY OFFICE USE ONLY | | | |
| Data Pacajuad | | ion Expiration Data | |

| Date Received: | Office Approval: | Medication Expiration Date: |
|----------------|------------------|-----------------------------|
| Refill Date: | Office Approval: | Medication Expiration Date: |
| Refill Date: | Office Approval: | Medication Expiration Date: |
| Refill Date: | Office Approval: | Medication Expiration Date: |
| Refill Date: | Office Approval: | Medication Expiration Date: |